The Jonathan Daniel Stone Fund

# PURPOSE

1. To celebrate the life of Jonathan Daniel Stone.
2. To annually support initiatives to assist children and their families who have been diagnosed with autism and/or other intellectual disabilities.

Daniel's fund can be utilized for, but is not limited to: recreational activities, educational workshops for parents and siblings, advocacy, vocation and life skills development, assistive devices and equipment that promote and facilitate learning or communication.

1. Two awards up to $1500 each will be presented.
2. To promote inclusive communities.

# CRITERIA

1. Applicants must reside in Chatham-Kent.
2. All requests must benefit children (up to the child’s 18th birthday) who have been diagnosed with autism and/or other intellectual disabilities and their families.
3. In some instances, the amount of eligible funding to the applicant will be based on demonstrated need.

# PROCESS for 2020

1. Applications will be accepted from November 1- December 11, 2020.
2. A review committee will review applications and decide how annual funds will be spent. Committee members are not provided applicant’s name during review process.
3. The review committee will consist of Jonathan and Sarah Stone (or designate), management personnel, one person supported by Community Living Chatham-Kent, and one past/current board member.

**DISCLAIMER:** Confidentiality requires that all personal information (including names and addresses) regarding a person receiving services, or making application to a fund, remains private. Information will not be shared with anyone who is not directly involved with that person.

\*\*Should assistance be required to complete the application, contact Community Living Chatham-Kent.

Applications are held in confidence with Community Living Chatham-Kent for up to two years.

1. Applicants will be notified of the outcome in December of each year.
2. Recipients will participate in a media event announcing the awards with members of the Stone family and representatives of Community Living Chatham-Kent.

# How to Send?

Mail: Community Living Chatham-Kent Fax: 519-352-5459

Jonathan Daniel Stone Fund Application PO Box 967

Chatham, Ontario N7M 5L3

Electronic File: If you wish to send electronically, please save application document, attach and email to tchouinard@clc-k.ca

Or drop off at:

Community Living Chatham-Kent 650 Riverview Drive, Unit 2 Chatham ON

**2020 APPLICATION**

***The Jonathan Daniel Stone Fund***

**DISCLAIMER:** Confidentiality requires that all personal information (including names and addresses) regarding a person receiving services, or making application to a fund, remains private. Information will not be shared with anyone who is not directly involved with that person.

NAME Click here to enter text. AGE: Click here to enter text.

ADDRESS:Click here to enter text.

TELEPHONE: Click here to enter text. EMAIL: Click here to enter text.

MEDICAL DIAGNOSIS: Click here to enter text.

FORM COMPLETED BY: Click here to enter text.

CONTACT PHONE: Click here to enter text. EMAIL: Click here to enter text.

DATE: Click here to enter a date.

*Please feel free to add additional pages as required.*

Please use this space to describe your proposed project. Please be as detailed as possible. This box will expand as you enter information (Tips: provide a **detailed** description and pictures of request.  Do not use acronyms or short forms)

1. .
2. Please describe three benefits of the proposed project? How will this funding directly benefit this child?

Click here to enter text.

1. Who is completing this application?

[ ]  Applicant

[ ]  Parent/Guardian

[ ]  Teacher or EA

[ ]  Private Worker

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_

1. Applicant Information:

Current Funding Received:

[ ]  Assistance for Children with Severe Disabilities (ACSD)

[ ]  Special Services at Home (SSAH)

[ ]  Respite dollars

[ ]  Community Living Wallaceburg

[ ]  K.I.D.S. Team

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_

Social:

[ ]  Involved in organized sports

[ ]  Involved in a social group (Cubs, Brownies etc)

[ ]  Involved in arts (music, dance etc)

[ ]  Other:

Family:

[ ]  Single parent

[ ]  Working parent(s)

[ ]  Any other information you would like to share:

Support:

Do you require assistance to help you participate in your project?

[ ]  No

[ ]  Yes

If yes, do you have a paid support staff from a service agency?

[ ]  No

[ ]  Yes

If yes, do you have a private worker?

[ ]  No

[ ]  Yes

1. Budget:

Please see *sample* budget on next page. There is a blank budget form available to be completed and submitted with the full application.

Provide a detailed budget and break down your expenses in details. Please provide a reference for the source of your costs (e.g. include the listing for an item found online with the pricing and specs included) .

**SAMPLE BUDGET**

## Sample of Workshop Request: “Sam”

|  |  |  |
| --- | --- | --- |
| **Budget Item** | **Amount** | **Sub-Total** |
| **Event / Item Expenses** |  |  |
| Educational Workshop: Communication Tools: 2 entry fees @ $100 each (London) | $200 |  |
| Augmentative Communication Device – purchasing at event – “Sam” being taught to use during event | $500 |  |
| **Total Event / Item Expenses** |  | **$700** |
| **Personal Expenses** |  |  |
| Hotel Accommodation: Best Western, double room – one night stay | $150 |  |
| Food | $200 |  |
| **Total Personal Expenses** |  | **$350** |
| **Travel** |  |  |
| Train: 2 tickets at $100 each | $200 |  |
| Taxi | $75 |  |
| **Total Travel Expenses** |  | **$275** |
| **TOTAL EXPENSES** |  | **$1325** |
| **Family Contribution** | $325 |  |
| **TOTAL REQUEST:** |  | **$1000** |

**Sample of Equipment Request: “Suzie”**

|  |  |  |
| --- | --- | --- |
| **Budget Item** | **Amount** | **Sub-Total** |
| **Event / Item Expenses** |  |  |
| iPad Mini 4 (128 GB) | $564 |  |
| Apple Care Warranty (3-year full warranty) | $99 |  |
| iPad Case | $90 |  |
| Apps/Software (Duolingo) | $400 |  |
| **Total Event / Item Expenses** |  | **$1153** |
| **Personal Expenses** |  |  |
| N/A |  |  |
| **Total Personal Expenses** |  | $0 |
| **Travel** |  |  |
| N/A |  |  |
| **Total Travel Expenses** |  | **$0** |
| **TOTAL EXPENSES** |  | **$1153** |
| **Family Contribution** | $153 |  |
| **TOTAL REQUEST:** |  | **$1000** |

**BUDGET**

***\*\*Please provide a detailed breakdown with supporting information that reflects your cost breakdown and your lists of necessary costs.***

|  |  |  |
| --- | --- | --- |
| **Budget Item** | **Amount** | **Sub-Total** |
| **Event / Item Expenses** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Section A - Total Event / Item Expenses** |  |  |
| **Personal Expenses** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Section B - Total Personal Expenses** | 0 | 0 |
| **Travel** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Section C - Total Travel Expenses** | 0 | 0 |
| **TOTAL EXPENSES (Cumulative of A, B, C sections)** | 0 | 0 |
| **Family Contribution (if any)** |  |  |
| **TOTAL REQUEST:** | $ 0 | $ 0 |